National Library of Medicine
Associate Fellowship Program

Applicant Data

Applicant data is important in assessing the effectiveness of our efforts to solicit applications from a diverse population. Your completion and submission of this form will assist us in this regard; however, if you decide not to do so, your choice will not affect the decision regarding your application. We appreciate your cooperation. (*This information is NOT seen by the National Library of Medicine.)*

Name _____ Date _____

Citizenship: ❑ USA

❑ Foreign National - Country _____

If you are a U.S. citizen, please complete:
Race and/or Ethic Origin (check one)

❑ Caucasian American

❑ African American

❑ Hispanic American

❑ Native American

❑ Asian or Pacific Islander American

Birth Date (month, day, year) _____

Gender Male ❑ Female ❑

Physical/mental disability (Physical or mental impairment that substantially limits one or more major life activities; for example, blindness, deafness, or mobility impairment): Yes ❑ No ❑

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